24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) GROW NC STRONG INC	FEC IDENTIFICATION NUMBER ▼
GROW INC STROING INC	C C00545152
	M M / D D / Y Y Y Y
	lew report X Amends report filed on 10 28 2016
Full Name of Payee OnMessage Inc	Date of Public Distribution/Dissemination
Mailing Address 817 Slaters Lane	10 28 2016
or/ Statets Lane	Amount
City State	Zip Code 647278.00
Alexandria VA	22314 Transaction ID : SE.4367 Date of Disbursement or Obligation
Purpose of Expenditure TV Production and buy	Category/ Type 10 27 2016
Name of Federal Candidate	Support Office Sought: House District:
ROSS, DEBORAH K, , ,	✗ Oppose President ✗ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	755611.32 Disbursement For: Primary 2016 Other (specify) ▶
Full Name of Payee OnMessage Inc	Date of Public Distribution/Dissemination
	10 / 27 / 2016
Mailing Address 817 Slaters Lane	Amount
City State	Zip Code 361604.00
Alexandria VA	22314 Transaction ID : SE.4369 Date of Disbursement or Obligation
Purpose of Expenditure Radio production and buy	Category/ Type 10 10 27 2016
Name of Federal Candidate	Support Office Sought: House District:
ROSS, DEBORAH K, , ,	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary 2016 Other (specify) ☐ Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1008882.00
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	>
. , , , , , , , , , , , , , , , , , , ,	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
West, Tommy, H., , Signature	Electronically Filed] Date 12 08 2016
Olgriaturo	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DENT EXICIO	TIONES		PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
GROW NC STRONG INC				C C00545152
Check if 24-hour report 48-hour repor	rt New rep	port X Amends repo		10 28 Y 2016
Full Name of Payee			Date	of Public Distribution/Dissemination
OnMessage Inc				10 28 2016
Mailing Address 817 Slaters Lane			Amou	nt
City	State	Zip Code	— L.	50000.00
Alexandria	VA	22314		action ID : SE.4371 of Disbursement or Obligation
Purpose of Expenditure Digital ad buy		Category/ Type		10 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District:
ROSS, DEBORAH K, , ,		X Oppose	Preside	NC NC
Calendar Year-To-Date Per Election for Office Sought	,,,,	1167215.32	Disbursemen 2016	t For:
Full Name of Payee				of Public Distribution/Dissemination
Mailing Address			Amou	nt
			7	
City	State	Zip Code		
Purpose of Expenditure			Date	of Disbursement or Obligation
Tulpose of Experiorale		Category/ Type		
Name of Federal Candidate		Support	Office Sough	nt: House District:
		Oppose	Presid	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought	, , ,		Disbursemer	nt For:
-				
(a) SUBTOTAL of Itemized Independent Expe	nditures		• <u> </u>	50000.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures			7 1 7 1 7
(c) TOTAL Independent Expenditures			•	1058882.00
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorize			
West, Tommy, H., ,	[Electron	nically Filed] Date	e 12	08 2016
- 9				